

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
696519
APPLICANT(S)

FILING DATE
5-7-96

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		1					63						
4		1					64						
5	1						65						
6		4					66						
7		1					67						
8		1					68						
9		1					69						
10		1					70						
11		2					71						
12		2					72						
13		2					73						
14	1						74						
15	1						75						
16		1					76						
17		1					77						
18		1					78						
19		1					79						
20		1					80						
21		2					81						
22		2					82						
23		2					83						
24		1					84						
25		1					85						
26		1					86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	31						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						